



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4806 (R15 / 5-19)
Indiana Election Division (IC 3-9-5-14)

(CFA-4) Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

1

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ☐ Yes ☒ No

COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) ☐ Check if this is a new name.
COMMITTEE TO ELECT MARK MCCANN PROSECUTOR

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number

(765) 450-6601

4. Mailing Address (Address where all campaign finance correspondence is received.) ☐ Check if this is a new address.
1832 S. PLATE ST.

5. City, State, ZIP Code
KOKOMO, IN 46902

6. Party Affiliation (if applicable)
REPUBLICAN

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (Include any nickname.)

MARK ALAN MCCANN

8. Party Affiliation or if Independent Candidate
REPUBLICAN

9. Office Sought (Include district number, if any. **Not required for exploratory committee.**)
HOWARD COUNTY PROSECUTOR

10. County of Residence
HOWARD

TYPE OF REPORT

11. Check one:

☒ Pre-Primary ☐ Pre-Election ☐ Annual ☐ Nomination ☐ Other _____
☐ Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) ☐ Outgoing Treasurer (Within ten (10) days amend Statement of Organization.)

CONVENTION CANDIDATES ONLY

Check one:

☐ Pre-Convention
☐ Post-Convention

12. Reporting Period (mm/dd/yy):

From: **JANUARY 1, 2022**

Through: **APRIL 8, 2022**

COLUMN A
This Period

COLUMN B
Year to Date

13. Cash on hand and investments at the beginning of this reporting period.

255.47

14. Cash on hand and investments January 1, current year.

255.47

CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (Use Schedule A.)

0.00

0.00

15b. Unitemized

0.00

0.00

15c. Add lines 15a and 15b in both columns.

SUBTOTAL

0.00

0.00

16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.

TOTAL

0.00

0.00

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)

0.00

0.00

17b. Unitemized

0.00

0.00

17c. Add lines 17a and 17b in both columns.

SUBTOTAL

0.00

0.00

18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)

TOTAL

255.47

255.47

19. Debts OWED BY the committee (Use Schedule D.)

0.00

20. Debts OWED TO the committee (Use Schedule E.)

0.00

CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature of Treasurer

Title

TREASURER

Date (mm/dd/yy)

04/14/22

Signature of Candidate (if applicable)

Date (mm/dd/yy)

04/15/22

FOR OFFICE USE ONLY

FILED

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

JAN 11 2023

DEBBIE STEWART
Clerk Howard Cir. Court

INSTRUCTIONS: This oath of office may be given by any individual authorized to administer an oath under Indiana Code 33-42-9. These individuals include a notary public, a judge of a court (*within the court's jurisdiction*), a mayor, clerk or clerk-treasurer of a city or town (*within the city or town*), a circuit court clerk or county auditor (*within the county*), and a State Senator or State Representative (*anywhere within Indiana*). **Note: This oath must be filed with the circuit court clerk no later than thirty (30) days after the term begins. (IC 5-4-1-1.2)**

OATH OF OFFICE

STATE OF INDIANA

COUNTY OF HOWARD

I, the undersigned, do solemnly swear (*or affirm*) that I will support the Constitution of the United States of America and the Constitution of the State of Indiana, and the laws of the United States and the State of Indiana. I will faithfully execute the duties of my office as a Member of this governing body, so help me God.

Brian Day
Signature

BRIAN DAY

Printed Name

SUBSCRIBED AND SWORN TO BEFORE ME, THIS THE 10th DAY OF January, 2023.

[Signature]
Signature

Shelli S. McCann
Printed Name

Howard County Prosecutor
Title

If the person administering the oath is a notary public, add the county of residence and date of expiration of commission:

COUNTY OF RESIDENCE:

Howard

DATE COMMISSION EXPIRES:

12 / 31 / 2026

FILED

JAN 11 2023

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Signature

ABBEE SUMMERS

Printed Name

SUBSCRIBED AND SWORN TO BEFORE ME, THIS THE 10th DAY OF January, 20 23.


Signature

MARK A. MCCANN
Printed Name

Howard County Prosecutor
Title

If the person administering the oath is a notary public, add the county of residence and date of expiration of commission:

COUNTY OF RESIDENCE: HOWARD

DATE COMMISSION EXPIRES: 12 / 31 / 2026

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